

NATIONAL Assessment Centre Services.

Ref: 1387

MA420041387

Date Inc: 09/04/2020 12:04	Job description	Date & Time Completed	Done by
Ref No: N/A 200051787	SAS e-filing		
Veh No: FL 7286 H	E-mail (24hrs, A/C 24hrs)		
O.O.A: 10/03/2020 20:30	I-Motor Claim Form	mt10 91210-002	13/04/2020 17:15
OD: TP Reporting Only	I-Motor W/O (With/od 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whizz		

Preferred Wkep / INC Assign Wkep / QW: (Toll:	Post:
TP Hardiest:	Veh No: SFO 9969D	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	[Note-Est Status (WO): N: 0-20%; P: 21-79% P: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: _____

Only to: _____

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$100
QC Checked by (Bugs-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$10
	6) TR: Re-inspection	\$75
	7) NI: IDao DA + SMRT Survey	\$100
	8) NIUC Additional Services	
	9) NIUC Additional Services	
	10) NIUC Additional Services	
	11) NIUC Additional Services	
	12) NIUC Additional Services	
	13) NIUC Additional Services	
	14) NIUC Additional Services	
	15) NIUC Additional Services	
	16) NIUC Additional Services	
	17) NIUC Additional Services	
	18) NIUC Additional Services	
	19) NIUC Additional Services	
	20) NIUC Additional Services	

Invoice dated: _____ Fee Charged: _____

Invoice dated: _____ Fee Charged: _____

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report 09/04/2020 12:04
 Date Of Accident 10/03/2020 20:30
 Exact Location Of Accident ALONG CAVENAGH ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FL7296H
Insured/Policyholder
 Name Of Registered Owner CHEONG JUN WEN, MARK
 NRIC No SXXXX391B
 Email Address ULRICHCHIA@GMAIL.COM
 Mobile Phone No (LOCAL) +65-90043737
 Alternative Phone No OTHERS-92961773
Vehicle Particulars
 Manufacturer HONDA
 Model CG125-125CC (M)
 Exact Purpose for which vehicle was being used at time of accident TRANSPORT FROM OFFICE FROM HOME
 Are you claiming under your own insurance policy for repair to your vehicle? NO
 If No, Please state action to be taken THIRD PARTY
 Vehicle Category MOTORCYCLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage THIRD PARTY
 Fleet Policy NO
 Policy Number 5063780740-05
 Cover Note Number

Driver

Name of Driver CHIA BO SHENG, ULRICH
 NRIC No SXXXX816I
 Date Of Birth 21/12/1990
 Occupation INDOOR
 Date Of Driving Pass 27/11/2015
 Driving Experience 4 YEARS AND 3 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-90043737
 Fax Number
 Contact Number OTHERS-92961773
 Email Address ULRICHCHIA@GMAIL.COM

Address: 91 BUKIT WAY
 Postcode: 587777
 Was driver an employee of the Insured's Company: NO
 If No, Relationship of the Driver with the Insured: FRIEND
 Vehicle Registration Number of Driver's Own Vehicle: -
 Insurance Company of Driver's Own Vehicle: -

General Information of the Accident

Type Of Accident: COLLISION - HEAD ON COLLISION
 Weather Conditions: CLEAR
 Road Surface: DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident: 2
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? YES
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance: NO
 Number of Passengers (Including Driver): 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name: TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
 Police Station Address: ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE
 Police Station Contact: TEL NO: 65470000 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200317/7005

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number: SFD9969D
 Vehicle Make/Model/Colour:
 Details Of Properties:
 Vehicle Category: PRIVATE CAR
 Name of Driver:
 NRIC/Passport Number:
 Contact Number:
 Address:
 Postcode:
 Insurance Company Name:
 Nature Of Damage:

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHIA BO SHENG, ULRICH

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FL7296H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 7/4/20
1130hrs

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

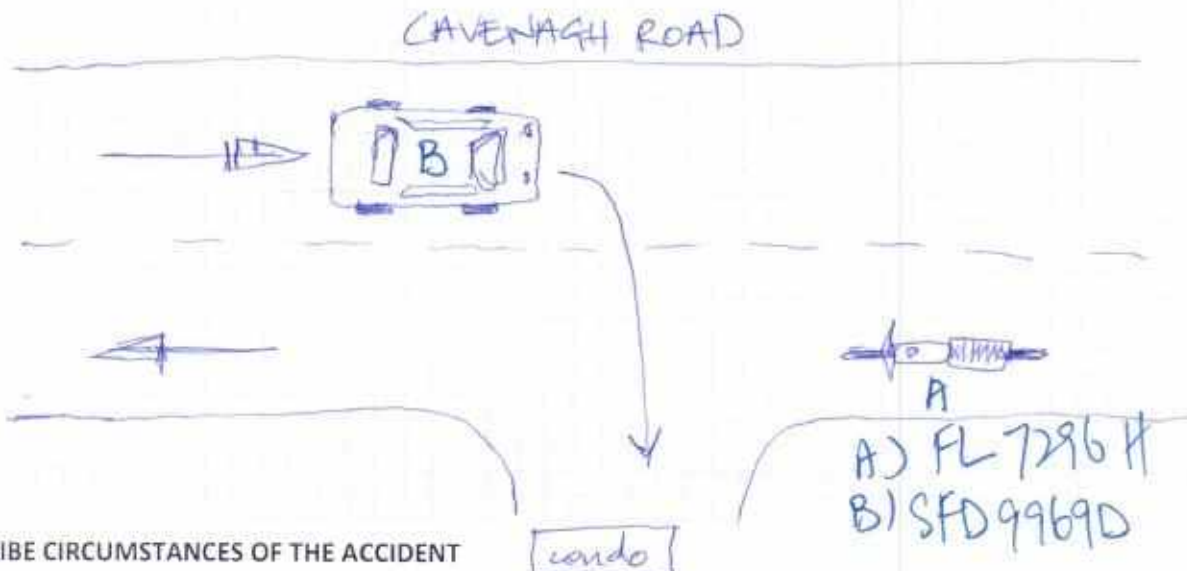
Name:

NRIC/FIN No.:

13/04/2020

Ros L. [Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(Balmoral crescent)


I was on my way home from work (Ann Siang Hill). while on cavenagh road, I was travelling towards Rickett Finckh road when a black sedan in the opposite direction turned right into a minor road leading into a condominium (either Townhouse Apartments / Cavenagh Court). As the car intercepted my right-of-passage, I could not stop in time and collided with him.

POLICE REPORT 7/20200317/7005

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature 
Date & Time: 7/4/20 11:30hrs

Driver's Signature 
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature 
Name: 13/04/2020
NRIC/FIN No.: 

ACCIDENT STATEMENT

ACCIDENT DATE: (10/03/2020) (DD/MM/YYYY), TIME: (20:30) (HH:MM)

LOCATION: CAVENAGH ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FL7296H
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: C063780740-05
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA CG125
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: TRANSPORT FROM OFFICE TO HOME
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: CHEUNG JIN WEN MARK (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S88103918 CONTACT: 90043737
c) ADDRESS: 27 JAMBAL PLACE 119356

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ULRICH CHIA BO SHENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S90498161 CONTACT: 92961793
c) ADDRESS: 2A BALMORAL CRESCENT, 2592824

* d) DATE OF BIRTH: (21/12/1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 27 NOV 2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIEND

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TRAFFIC POLICE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: ~~XXXXXXXXXX~~ SFD 9969D MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = ULRICH CHIA @ gmail.com
VIDEO



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20200317/7005

1 of 3

Report No. T/20200317/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2020 10:59	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHIA BO SHENG, ULRICH			Address: 2A BALMORAL CRESCENT #01-2A SINGAPORE 259884		
ID Type / ID No.: NRIC NO / S9049816I			Contact No.: Home/Office:		Mobile: 92961773
Nationality: SINGAPORE CITIZEN			Email: ulrichchia@gmail.com		
Sex: Male	Age: 29	Date of Birth: 21/12/1990	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Assistant Architect			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/03/2020 20:20	Type of Location:
Location: CAVENAGH ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FL7296H	Motorcycle					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200317/7005

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200317/7005

CONTINUATION OF REPORT

Rider			
Name	CHIA BO SHENG, ULRICH	ID No.	S90498161
Related Vehicle	FL7296H (Motorcycle)	Contact No.	92961773
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	12/03/2020	Date Discharge	15/03/2020
No. of Days granted Medical Leave	30	Degree of Injury	Serious

Brief Details.

It was 10th March 2020, 8.20pm. I was on my way home (2 Balmoral Crescent) from work (HYLA Architects).

I was riding along Cavenagh road when all of a sudden a car from the opposite direction crossed into my direction of passage as it turned into a condominium.

My motorcycle collided into the side of the car as a result.



**SINGAPORE
POLICE FORCE**



T/20200317/7005

3 of 3

Report No. T/20200317/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
CHONG GUAN FATT
Contact No.: 65476083

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
17/03/2020 10:59

Classification Of Case:

Claim Handling

Edit

Accident MY1091270

Policy No.	504780740-00	Vehicle No.	PL728KH	GST Registration No.	
Certificate No.					
Policyholder Name	CHEONG JUN WEN, MALE	Policyholder NRIC	506103010		
Product Code	MOTORCYCLE INSURANCE	Owner Type	Third Party		
Contact No. (Mobile)	Yes	Contact No. (Office)			
Email Address		Social Remarks			
MPN	Yes / No / Yes	TCA	Yes / No / Yes	GCat	No
MSD Policyholder	No	MSD Endorsement(%)	20	eCode Reason	
				Private Hire	No

Accident Details

Report Date	13/04/2020 09:45	Accident Report Within 24 hrs	Yes	Accident Type	Collision Into Parked Vehicle
Date of Accident	10/03/2020	Time of Accident (hr:min)	22:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT TOMAH ROAD (AYO CAVERNAH ROAD)				

Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	29 JARVIS PLACE	Address 2	CHELSEA VILLAGE	Address 3	SINGAPORE 119296
Address 4		Address Type	Singapore address	Post Code	119296
Unit No.		Related Policy Number	504780740-00		

Q1 Driver Info

Driver Name		Driver Type		Driver DOB	
Uninsured Driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Mobile)	
Contact No. (Mobile)		Contact No. (Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes / No	Driver Vehicle No.		Driver Insurer Company	

Modification history

Claim 002 None

Claim Type *	GD-ME	Insured Name	CHEONG JUN WEN, MALE	Insured NRIC	506103010
Contact No. (Mobile)	80043737	Contact No. (Home)	82259678	Contact No. (Office)	
Email Address	jw.mah@gmail.com	OT		TP	VER130
Claim Description	PL728KH / SP09H90 ON 10 Mar 2020	Vehicle Number	PL728KH	Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	Claim Close Date	13/04/2020 09:00
Retreat No. (Finalisation)	Yes	Preferred Workshop, Name unknown		Date Received	13/04/2020 09:00
Date Reported		GIA region	Recessed		
Report Taken by					

Print AX letter

Save Submit

Attachments

Accident No.	MY1091270	Claim No.	002
Last Doc. Received	Yes / No	Upload Date	13/04/2020 17:19

Choose File	No file chosen	Clear	Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	

Message Board

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (C)	Action
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Apr 2020 17:18	Photo	Normal	Photo 2020-4-13		Edit
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Apr 2020 17:15	Photo	Normal	Photo 2020-4-13		Edit
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Apr 2020 17:15	Photo	Normal	Photo 2020-4-13		Edit
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Apr 2020 17:15	Photo	Normal	Photo 2020-4-13		Edit
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Apr 2020 17:15	Photo	Normal	Photo 2020-4-13		Edit
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Apr 2020 17:15	Photo	Normal	Photo 2020-4-13		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 13 Apr 2020 17:14	Photos		Normal	Photos 2020-4-13	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 13 Apr 2020 17:14	Photos		Normal	Photos 2020-4-13	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 13 Apr 2020 17:14	Photos		Normal	Photos 2020-4-13	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 13 Apr 2020 17:14	Photos		Normal	Photos 2020-4-13	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 13 Apr 2020 17:14	Photos		Normal	Photos 2020-4-13	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 13 Apr 2020 17:14	Photos		Normal	Photos 2020-4-13	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 13 Apr 2020 17:14	Photos		Normal	Photos 2020-4-13	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 13 Apr 2020 17:14	Photos		Normal	Photos 2020-4-13	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 13 Apr 2020 17:14	Photos		Normal	Photos 2020-4-13	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 13 Apr 2020 17:14	NRIC Driving License	Y	Normal	NRIC Driving License 2020-4-13	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 13 Apr 2020 17:14	SAS		Normal	SAS 2020-4-13	Edit

Video List

Uploaded By/Date	Project Date	File Name	Source	Action
View in New Window Scan and uploading				

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5063780740-05

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: FL7296H

Chassis Number

: CG1251702747

2. Name of Policyholder

: CHEONG JUN WEN, MARK

3. Effective Date of Insurance

: 10 Jan 2019

4. Expiry Date of Insurance

: 09 Jun 2020

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: CHEONG JUN WEN MARK
NAMED DRIVER (2)	: CHIA BO SHENG ULRICH
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : WTT INSURANCE AGENCIES PTE LTD (00000614933)

Date of Issue : 22-Dec-2018 15:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive